Amendment

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Informa	ation		100				THE S		
a. Full Name								c. ID Number	
COMMITTEE TO ELE	CT JOHN	ROOKS							
b. Mailing Address (in	clude Cit	y, State and Zij	Code)	IN PER	RSO	N		d. Date Filed	
P.O. BOX 13242 DURHAM, NC 27709				IUI 2				07/28/2017	
DUKHAM, NC 27709				JUL 2	2017			e. Phone Number	
				DURHAM BOE				(980) 265-4975	
2. Report Year 3. Pe	riod Star	Date (mm/dd/	yy)	4. Period I	End Date	e (mm/dd/yy)	5. Treasur	rer Full Name	
2017	01	1/01/2017			06/30/20	017	JOHN ROO	OKS JR	
6. Type of Committee	(Check C	ne)	9. Typ	e of Report	(ch	eck only one	type of rep	ort from one category)	
X Candidate Campaign			Munic			State/County		Referendum	
☐ Joint Fundraiser	☐ PAG	C		Organizatio	nal	Organizatio	nal	Organizational	
Referendum	☐ Leg	al Expense Fund		Thirty-five		Quarterly		Pre-referendum	
	f applicabl	e, check one)		Pre-primary		First		☐ Final	
Booster Fund"				Pre-election	1	Second		Supplemental Final	
Building Fund	☐ Building Fund			Pre-runoff	l l	Third		Annual Annual	
Presidential Election			_	Semi-annual		Fourth		☐ Special	
☐ NC Public Campaign	Financing	Fund		Mid Ye		Semi-annua		10.0 110 3	
П от			믿	Year Er		Mid Ye		10. Special Report Name	
Other:  8. Number of Fundraisers this Report			侣	Final	1:	☐ Year E ☐ Final	ns		
8. Number of Fundra	isers this	Keport	14	Special	- 13	=			
	1					Special			
3. Account Information				5-3/-3	Bedieste Certest et al.	unt Informat	-		
a. Financial Institution Full Name					a. Finan	cial Instituti	on Full Nan	1e	
WELLS FARGO					EVENT	BRITE			
b. Purpose		e. Account Co	de		b. Purpo	ose		c. Account Code	
FOR CAMPAIGN			CC		CAMPA	AIGN		EB	
CONTRIBUTIONS					CONTR	RIBUTIONS			
		d. Period Begi	n Balan	ice				d. Period Begin Balance	
		s						s	
CERTIFICATION							- 7 - 1		
I certify that the Co	ommittee o	or Fund is in co	mplian	ce with all a	pplicabl	le provisions	of Article 2	22A, 22B & 22D-22M of	
								other non-disclosed	
-								ed by the NC State Board	
	1	•				1			
John Ko	OKS ?	TR.						07/28/2017	
Printed	Name of S	igner		Sign	ature of A	Appointed Trea	sorer	Date	
FOR OFFICE USE O	NLY					1			
Date Received:		7/28/17		Emplo	yee _	7	<u>De</u>	livery Method Normal Mail	
100		1 '					H	Registered Mail	
Date Postmarked:	_		21	Emplo	yee _		- 174	Hand Delivered	
							ñ	Electronically Filed	
Date Scanned:	_			Emplo	yee _			J	
Date Data Entered	d: _			Emplo	yee _			Signer has not received mandatory training	
	assista	annot be used nt treasurer, cu d the Statemer	stodiar	of books i	nformati	ion, or accou	nt informati	nittee address, treasurer, on.	

Disclosure	Report	Cover	Addendum

☐ Yes

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

3. Account Information a. Financial Institution Full Name  PAYPAL  b. Purpose  FOR CAMPAIGN CONTRIBUTIONS  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or oth non-disclosed funds. I further certify that this report is complete, true and correct and that I have been O7/28/2017  Printed Name of Signer  Signature of Appointed Treasurer  Date  Please Note: This cover sheet cannot be used to amend committee information such as the committee or printed name of the committee or such as the committee o	1. Committee Full Name	ommittee Full Name (and Fund if applicable)					
A. Financial Institution Full Name PAYPAL  B. Purpose C. Account Code FOR CAMPAIGN CONTRIBUTIONS  A. Period Begin Balance S  CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or oth non-disclosed funds. I further certify that this report is complete, true and correct and that I have been  O7/28/2017 Printed Name of Signer  Signature of Appointed Treasurer  Date	COMMITTEE TO ELECT	Γ JOHN ROOKS					
PAYPAL  b. Purpose c. Account Code b. Purpose c. Account Code FOR CAMPAIGN CONTRIBUTIONS  d. Period Begin Balance S  CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or oth non-disclosed funds. I further certify that this report is complete, true and correct and that I have been  O7/28/2017  Printed Name of Signer  Signature of Appointed Treasurer  Date		HOLE OF THE PARTY	3. Account Information	THE ROLL SELECTION OF THE PERSON OF THE PERS			
FOR CAMPAIGN CONTRIBUTIONS    A count Code   B. Purpose   C. Account Code	a. Financial Institution F	ull Name	a. Financial Institution Fu	ıll Name			
FOR CAMPAIGN CONTRIBUTIONS  d. Period Begin Balance \$  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or oth non-disclosed funds. I further certify that this report is complete, true and correct and that I have been  O7/28/2017  Printed Name of Signer  Signature of Appointed Treasurer  Date	PAYPAL		STRIPE TRANFER				
CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or oth non-disclosed funds. I further certify that this report is complete, true and correct and that I have been   O7/28/2017  Printed Name of Signer Signature of Appointed Treasurer Date	b. Purpose	c. Account Code	b. Purpose	c. Account Code			
d. Period Begin Balance S  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or oth non-disclosed funds. I further certify that this report is complete, true and correct and that I have been   O7/28/2017  Printed Name of Signer Signature of Appointed Treasurer Date		PP	The state of the s	ST			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or oth non-disclosed funds. I further certify that this report is complete, true and correct and that I have been   O7/28/2017  Printed Name of Signer Signature of Appointed Treasurer Date	CONTRIDETIONS	d. Period Begin Balance	I THE WORLD TO STATE OF THE PARTY OF THE PAR	d. Period Begin Balance			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or oth non-disclosed funds. I further certify that this report is complete, true and correct and that I have been   O7/28/2017  Printed Name of Signer Signature of Appointed Treasurer Date		s		s			
	I certify that the Comm 22M of Chapter 163 of	f the NC General Statutes and t	hat no funds are comming	led with prohibited or other rect and that I have been			
Please Note: This cover sheet cannot be used to amend committee information such as the committee in	Printed Name of Signer Sign:		nature of Appointed Treasurer Date				
or account information.  You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.		or account	information.				

IN PERSON JUL 2 8 2017 DURHAM BOE

Amendment

Detailed Summary ☐ Yes Use this form to summarize all disclosure reporting forms and to total monetary information 3. ID Number 1. Committee Full Name (and Fund if applicable) 2. Type of Report COMMITTEE TO ELECT JOHN ROOKS 2017 Mid Year Semi-Annual Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 0.00 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 400.00 \$ 538.62 3,364.00 \$ (CRO-1210) 3.860.00 6) Contributions from Individuals 7) Contributions from Political Party Committees (CRO-1220) 0.00 0.00 0.00 \$ 8) Contributions from Other Political Committees (CRO-1230) 0.00 (CRO-1410) 0.00 \$ 0.00 9) Loan Proceeds 10) Refunds/Reimbursements to the Committee PER (CRO-1240) 0.00 0.00 JUL 2 8 2017 1) Other Receipt Sources DURHAM BOE 1250) 0.00 11a) Interest on Bank Accounts 0.00 11b) Contributions from Not-For-Profit Organizations (CRO-1250) 0.00 5 0.00 0.00 0.00 11c) Outside Sources of Income (CRO-1250) (CRO-1270) 0.00 S 0.00 11d) Legal Expense Fund - Other Sources (CRO-1265) 11e) Exempt Purchase Price Sales 0.00 \$ 0.00 TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 3.764.00 \$ 4.398.62 EXPENDITURES (3) Disbursements (CRO-1310) 3,062.70 \$ 13a) Operating Expenditures 3,062.70 13b) Contributions to Candidates/Political Committees S (CRO-1310) 0.00 0.00 13c) Coordinated Party Expenditures (CRO-1310) S 0.00 0.00 4) Aggregated Non-Media Expenditures (CRO-1315) 667.83 820.06 (CRO-1420) S 5) Loan Repayments 0.00 0.00 16) Refunds/Reimbursements from the Committee (CRO-1320) 0.00 0.00 (CRO-1510) 0.00 \$ 7) In-Kind Contributions 414.62 (8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) S 3 730 53 4.297.38 (9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 101.24 \$ 101.24 ADDITIONAL INFORMATION (CRO-1330) 0.00 20) Non-Monetary Gifts Given to Other Committees (CRO-1430) 0.00 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1610) 0.00 22) Debts and Obligations owed by the Committee 23) Debts and Obligations owed to the Committee (CRO-1620) 0.00 24) Account Transfers Within the Committee (CRO-1720) 0.00 (CRO-1710) 0.00 0.00 25) Administrative Support 26) Forgiven Loans (CRO-1440) 0.00 0.00 (CRO-2220) 27) 48-Hour Notice Reports Sum 0.00 \$ 0.00 (CRO-1215) 28) Contributions to be Refunded 0.00 \$ 0.00

Aggregated Contributions from Individuals	Page	1	of	1	Amendm Yes	
Optional form used to report NC Contributions From Individua	ls of \$50	or le	SS			

		Fund if applicable)		2	2. ID N	umber	
COMMITTE	E TO ELECT JOHN	NROOKS	*				
3. Contribut	or Information						A Shakering
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/3	yyyy)	f. Amoun	t
Add Remove	ST	Debit Card		04/28/2017		S	50.0
Add Remove	ST	Debit Card	34 - La Ca	05/17/2017		S	50.0
Add Remove	CC	Check		05/23/2017		s	50.0
Add Remove	ST	Debit Card		06/10/2017		S	25.0
Add Remove	ST	Debit Card	lidegeo m	05/28/2017		S	25.0
Add Remove	ST	Debit Card	GR R P NA	05/25/2017		S	25.0
Add Remove	ST	Debit Card	170 L	05/16/2017		S	50.0
Add Remove	ST	Debit Card		05/24/2017		S	25.0
Add Remove	ST	Debit Card		05/04/2017		\$	50.0
Add Remove	ST	Debit Card		06/05/2017		S	50.0
. Total o	nly this Page	ALL LUCASIANTS	main Parlia Carl Land	No Section	S		\$400.0
	ALL CRO-12	05 Pages etailed Summary Page	CBO 1100)		s	.770	\$400.0

CRO-1205

NC State Board of Elections

April 2007

IN PERSON
JUL 2 8 2017
DURHAM BOE

		rom Individual		**	Pg1 of4		
		ndividual contribution e (and Fund if applicab		ontributions	under \$50 if form CRO		
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	ributor Informati			Add 🗆	Remove		
a. Full N	Name, Mailing Ad	idress & Phone			Profession	d. Comn	nents
	ude city, state, & z	zip)	N.1	RETIRED		***************************************	***************************************
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X	PP	Debit Card			10/15/2016	s	25.00
	ST	Debit Card			05/08/2017	s	25.00
3. Contr	ributor Informati	ion		Add 🗆 1	Remove	0.00	and the second
a. Full N	Name, Mailing Ade	dress & Phone		b. Job Title		d. Comm	aents
(inclu	ide city, state, & z	zip)		SCIENTIST			***************************************
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	DODHAVEN DRIV	VE.		***************************************	r's Name/Specific Field	_	2
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	ide city, state, & z	ip)		UPHOLSTE	RY		Anna diversional district
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	GH, NC 27604				d Related Product	-	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Manufacturi		e. Electio	on Sum to Date
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	al only this Pa					S	400.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary F	D CBO 1100)			S	3,364.00

		om Individuals			Pg 2 of 4 under \$50 if form CRO		
1. Comr	nittee Full Name	(and Fund if applicab		or condicatoris	dide 350 ii foliii ete	2. ID Nu	
COMM	ITTEE TO ELECT	JOHN ROOKS					
3. Contr	ributor Informati	on		□ Add □	Remove		
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title	Profession	d. Comn	nents
(inclu	de city, state, & z	ip)		DBA			
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SII VFR	R SPRING, MD 20	ERRACE PERS	011		tive and Support	-	
DIE ( EI	20	JUL 28 20	117	Services	tive and Support	e. Electi	on Sum to Date
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(inclu	de city, state, & z	ip)		SELF EMP	LOYED		
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	NBURY DR			***************************************	r's Name/Specific Field	-	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind	Description	j. Date (mm/dd/yyyy	) k.A	mount
	CC	Cash			01/24/2017	s	44.00
	CC	Cash			02/27/2017	s	50.00
	CC	Electric Funds Tran	_		04/07/2017	s	150.00
	1 1 41 7				04/07/2017		
4. 1 ot:	al only this Pa	ge				S	1,644.00

5. Total of ALL CRO-1210 Pages

3,364.00

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Cont	tributions f	rom Individual	s		Pg	3 of 4		Amend		
		ndividual contribution		ontribu						
		e (and Fund if applicab	le)				2.1	ID Numb	er	
COMM	IITTEE TO ELEC	I JOHN ROOKS								
3. Cont	ributor Informat	tion		Add	☐ Ren	move		S CLE		
	Name, Mailing Ad		Self de Colo	b. Job	Title/Pr	ofession	d. (	d. Comments		
	ROOKS JR	IN PERSON		EDI E	NGINEE	ER				
	X 13242			c. Emp	loyer's	Name/Specific Field				
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	CC	Electric Funds Tran				05/05/2017		s	150.00	
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3. Cont	ributor Informat	tion		Add	☐ Ren	nove		12211		
	Name, Mailing Ad			b. Job	Title/Pr	ofession	d. (	Commen	ts	
	ade city, state, &	zip)		EDI E	NGINEE	R				
	ROOKS JR X 13242			c. Emp	loyer's	Name/Specific Field	1			
DURHAM, NC 27709			UNIT	ED STA	TES					
				GOVI	ERNME	NT	e. I	lection !	Sum to Date	
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	CC	Electric Funds Tran				06/02/2017		s	150.00	
	СС	Electric Funds Tran				06/16/2017		s	150.00	
3. Cont	ributor Informat	tion		Add	☐ Ren	nove	10	00000	To Thursday	
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	ide city, state, &	zip)		EDI E	NGINEE	R				
	ROOKS JR X 13242			c. Emp	loyer's l	Name/Specific Field	1			
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	al only this Pa				V		S		1,100.00	
		O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)				s		3,364.00	
CRO-12			NC State Bo		lections				April 2007	

	uittee Full Name	(and Fund if applicab	le)			2. ID Num	ber
	ributor Informati				Remove	1	
	lame, Mailing Add de city, state, & z			b. Job Title	/Profession	d. Comme	nts
	ROOKS SR	IN PERSO	N	RETIRED			
168 NO	RTHGATE APTS	IIV I LITOO		c. Employer	r's Name/Specific Field		
BURLINGTON, NJ 08016 JUL 2 8 2017		Trenton Psy	chiatric Hospital				
			_			e. Election Sum to Date	
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3. Cont	ributor Informati	on		Add 🗆 1	Remove		FR. 1970 1 1
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. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	k. Amo	ount
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CRO-12				oard of Electio			April 200

Amendment

April 2007

Dishamanan		Amendme	ent
Disbursements	Pg1_ of4_	☐ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Fu	ll Name (an	d Fund if a	pplicable)						2. ID Nur	nber	
COMMITTEE TO	) ELECT JOH	IN ROOKS	<b>;</b>								
3. Type of Disbu		Please use	separate CRO-	1310 forms	for eac	h type	e of Disbu	rsemi	ent.)	10 0 10	7
X Operating Exp			tions to Candidate	******************************		***************************************		************	ted Party Ex	penditures	
4. Payee Informa	CONTRACTOR CONTRACTOR			☐ Add		Rem	ove	646			
a. Full Name, Ma	_	s & Phone		b. Co	ordinate	ed Con	mmittee N	ame	d. Comme	ents	
(include city, stat										IIII III III III III III III III III I	***************************************
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		JUL 2	8 2017	□ S	tate		Municip	ality:	e. Election	Sum to Dat	te
		DURHAI	MADOR						s	17-	4.98
f. Account Code	g. Form of Pa	yment h.	Purpose Code i	. Date (mm	dd/yyyy)	j. An	nount	k. Re	equired Res	marks	
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						s			111111111111111111111111111111111111111	TEILE	
						1-					
4. Payee Informa		6.74		☐ Add		Remo			Company of		
a. Full Name, Ma		s & Phone		b. Co	ordinate	ed Con	nmittee N	ame	d. Comme	ents	
(include city, stat											
FedEx Office Print 6820 Glenwood A		er		c. Les	el Regi	stered	(Specify)	- 1	-		
the state of the s	RALEIGH, NC 27612				ederal	1	County:				
To indicate of the control of the co	7012			☐ St		[	Municip		e. Election	Sum to Dat	te
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f. Account Code	***************************************		Purpose Code i	i. Date (mm/	ld/yyyy)		nount		equired Res	narks	
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a. Full Name, Ma		s & Phone					nmittee Na	me	d. Comme	ents	
(include city, stat											
FSMITH PRODUC											
215 Bridgefield Pla	ace			***************************************			(Specify)				
DURHAM, NC 2	7705				ederal		County:				
				☐ St	tate	L	Municip	ality:	e. Election	Sum to Dat	te
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6. Total of ALL C	'RO-1310 P	ages			(Tate)		TE BUY	TALL		No. of the last	
		_	mary Page CRO-1.	100 if Opera	ring Expe	mses)					7.0
			mary Page CRO-1.				Political C	omm)	S	3,062	2.70
			mary Page CRO-11								
7. Purpose Co	des (List d	etailed exp	enditure code in	(h.) above	)	PE	Will all	1717-	7 7 7 7 7 7	A AUTO	
A* - Media		Printing		C* - Fundra			D - To	Anot	her Candid	ate	
E - Salaries		Equipment		G - Political	_					ffice Expens	es
I - Postage		Penalties		K* - Office I		s				Expense Fu	
O* Other							•				
* Codes require	detailed exp	lanation ir	required rema	rks field (k	)	三分/量					

n		Amendm	ent
Disbursements	Pg2_ of4_	☐ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political

committees and o		_								
1. Committee Fu	ll Name (and Fun	d if applicable)						2. ID Nur	nber	
COMMITTEE TO	ELECT JOHN RO	OOKS								
3. Type of Disbur		se use separate CRO				e of Disbu	rseme	nt.)		
X Operating Expe	enses 🔲 Co	ntributions to Candida	tes/Poli	tical Committee	28	Coc	ordinat	ed Party Ex	penditures	
4. Payee Informa				Add 🗆	Ren	iove				
a. Full Name, Ma	iling Address & l	Phone		b. Coordinat	ted Con	mmittee Na	ame	d. Comm	ents	
(include city, stat				_						
GRAPEVINE PRI	NTING AND DES	PERSON								
4306 Bennett Men	norial Rd			c. Level Reg.  Federal	*************	*****				
DURHAM, NC 2	ال 7705	JL 2 8 2017		State		County:		. Flastic	n Sum to Da	4-
				LI State		Mumen	anty.	Ī	n Sum to Da	te
	DU	RHAM BOE						S	17.	2.95
f. Account Code	g. Form of Paymer	nt h. Purpose Code	i. Dat	e (mm/dd/yyyy	j. A1	mount	k. Re	quired Re	marks	
CC	Debit Card	BO	1	05/25/2017	S	172.95			NVELOPES	************
			-		+	1,2,50	Ci iii	ii i i i i i i i i i i i i i i i i i i	· · · · · · · · · · · · · · · · · · ·	
					S					
4. Payee Informa				Add 🗆	Rem	iove	Hers			
a. Full Name, Ma		Phone		b. Coordinat	ted Co	mmittee Na	ame	d. Comm	ents	
(include city, stat				_						
LDRWIGG CONS				7 17		10 10 1				
2401 FIRELIGHT				c. Level Reg		County:				
RALEIGH, NC 27	/610			State		Municip		a Flactic	n Sum to Da	to
				LI State		- Manual	ZIII.y.		I Juli to Da	LE
								S	15.	3.00
f. Account Code	g. Form of Paymer	nt h. Purpose Code	i. Dat	e (mm/dd/yyyy	j. A	nount	k. Re	quired Re	marks	
CC	Debit Card	0		05/22/2017	S	153.00	CON	SULTING		
					s					
			_		-					
4. Payee Informa			ш	Add 🗆	Rem		14.19	LINE STORY	Elympia.	
a. Full Name, Ma	-	hone		b. Coordinat	ed Co	mmittee Na	ıme	d. Comm	ents	
(include city, stat				-						
ONE THOUSAND 11110 W. OAKLA				c. Level Reg	istarad	(Specify)				
#269	IND PARK BLVD			☐ Federal	**************	County:				
SUNRISE, FL 333	351			☐ State		_		e. Election	n Sum to Dat	te
00111000,12 00.				,				e		
								S	1,47	5.00
f. Account Code	g. Form of Paymer	nt h. Purpose Code	i. Dat	e (mm/dd/yyyy	) j. Aı	nount	k. Re	quired Re	marks	
CC	Cash	СО	(	05/23/2017	S	1,200.00	HOS	Γ		
CC	Cash	СО	(	05/26/2017	s	275.00	HOS	Γ BALANO	CE PART 1	
5. Total only this	Dago						1100			0.05
								S	1,800	0.95
6. Total of ALL C										
		d Summary Page CRO						\$	3,062	2.70
		d Summary Page CRO					онині)			
		d Summary Page CRO			arty Ex	penautures)				_
		ed expenditure code			1. 10	XIII.		The True	Trade L	111
A* - Media	B* - Print	_		undraising				her Candid		
E - Salaries	F* - Equip			olitical Party					ffice Expens	
I - Postage O* Other	J - Penal	ues	V (	Office Expens	es	Q* - D	onatio	n to Lega	l Expense Fu	ınd
	detailed evaluates	tion in required ren	arke	field (k)						
Doucs require	detatied expialial	ton in required ren	at P2	iciu (K)						100

Amendment

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				Amendme	ent
Pg	_3_	of	4	☐ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Fu	ll Name (a	nd Fun								2. ID Nun	iber	
COMMITTEE TO	ELECT JO	OHN RO	OOKS									
3. Type of Disbur	********************************	(Pleas	se use separate CRO	0-1310 fo	ms for	each ty	pe of L	Disbu	rseme	ent.)		16.7
X Operating Expe	enses	☐ Co	ntributions to Candidat	tes/Politica	1 Commit	tees		Coo	ordinal	ted Party Ex	penditures	•••••
4. Payee Informa							emove					
a. Full Name, Mai	-	ess & I	hone	b	. Coordi	nated C	ommit	tee N	ame	d. Comme	nts	
(include city, stat	e, & zip)											
OUTSIDE THE BO 3321 NW 53 TERI GAINSVILLE, FL		ETING	N PERSON		Level R Federa State	****************	☐ Ca	ounty:		e. Election	Sum to Date	e
			URHAM BOF							s	118	.00
f. Account Code	g. Form of I	aymer	h. Purpose Code	i. Date (1	nm/dd/yy	vy) i.	Amoun	t	k Re	equired Res	narks	
CC	Debit (		0	1	08/2017	S		59.00		IPAIGN AP	***************************************	
CC	Debit (	Cond.	0									-
4. Payee Informa		aru	10		05/2017	\$		59.00	CAN	IPAIGN AP	P	
a. Full Name, Mai		ee & E	Phone		Coordin		move	N		1.0	100000	
(include city, stat		35 00 1	none	0.	Coordin	iated C	ommitt	iee Iv	ıme	d. Comme	nts	
PURE BUTTONS 4930 CHIPPEWA UNIT A MEDINA, OH 442					Level R Federal State		☐ Co	ounty:		e. Election	Sum to Date	2
										s	130.	.35
f. Account Code	Form of F	aymer	h. Purpose Code	i. Date (r	nm/dd/yy	yy) j. A	Amount	t	k. Re	quired Ren	narks	
CC	Debit (	ard	0		08/2017	S		58.30		IPAIGN BU		
CC	Debit (	ard	0	06/1	4/2017	s				IPAIGN BU		_
4. Payee Informa	tion	F 192		□ A		-	move	2.05	CAIV	II AIGN BU	TIONS	
a. Full Name, Mai		ss & P	hone		Coordin			ee Na	ıme	d. Comme	nts	
(include city, state	_					***************************************						
REAL KIDS UNIT 8311 BRIER CREI 105-258	EK PKWY				Level Re Federal		☐ Co	unty:		- Visation	S	
RALEIGH, NC 27	617			-	State		L Mi	unicip	anty:		Sum to Date	
			3							S	300.	.00
f. Account Code	Form of P	aymen	h. Purpose Code	i. Date (n	nm/dd/yy	уу) ј. А	Amount		k. Re	quired Ren	narks	
CC	Debit C	Card	ВО	06/2	2/2017	S	30	00.00	TSH	IRT PRINTS	S	2000000
						S						
5. Total only this	Page	7 100			600	SIDE.	15.5	93393	278.0	s	5.40	25
6. Total of ALL C (This line goes in (This line goes in	RO-1310 line 13a of l line 13b of l	Detailed Detailed	I Summary Page CRO- I Summary Page CRO- Summary Page CRO-	1100 if Co	naib to C	andidat	es/Polin	ical Co	отт)	s	3,062.	
			d expenditure code			1987	1010	TE				
A* - Media E - Salaries I - Postage O* Other	B* - F* - J -	Print Equip Penalt	ing ment	C* - Fun G - Politi K* - Offi	draising cal Party ce Exper		H	- Ho	lding		nte fice Expense Expense Fun	

		vmenam
Disbursements	Pg <u>4</u> of <u>4</u>	☐ Yes

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	ll Name (and Fund				2. ID	Number
	ELECT JOHN ROC				***************************************	
3. Type of Disbur	rsement (Please	use separate CRO	-1310 forms for each			
X Operating Expe	enses 🔲 Cont	ributions to Candidat	es/Political Committees	☐ Co	ordinated Party	y Expenditures
4. Payee Informa	tion	No. of the last of	□ Add □	Remove		
a. Full Name, Ma	iling Address & Ph	ione	b. Coordinate	d Committee N	ame d. Con	nments
(include city, stat	e, & zip)					
Stahls' Transfer Ex 7650 Tyler Blvd		ERSON	c. Level Regis	tered (Specify)		
Mentor, OH 4406	JUL	2 8 2017	State	☐ Munici		ction Sum to Date
	DUR	HAM BOE		R REFERENCE	s	60.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required	Remarks
CC	Debit Card	0	05/10/2017	\$ 60.00	TSHIRT TE	MPLATE
4. Payee Informa	ation		□ Add □	Remove	Part Control	
	iling Address & Ph	one		d Committee N	ame d. Con	nments
(include city, stat TICKETPRINTIN P.O. Box 6934	G		c. Level Regis	stered (Specify)	***************	
22 South Central A			State	County  Munici		ction Sum to Date
Harlowton, MT 5	9036		state	Nishic	S S	72.30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required	Remarks
CC	Debit Card	BCO	06/23/2017	\$ 72.30	TICKETS	
				s		
5. Total only this	Page				S	132.30
6. Total of ALL	CRO-1310 Pages					
(This line goes is	line 13b of Detailed	Summary Page CRO	-1100 if Operating Expe -1100 if Contrib to Can -1100 if Coordinated Pa	didates/Political		3,062.70
7. Purpose Co	des (List detailed	l expenditure code	in (h.) above)			
A* - Media E - Salaries I - Postage O* Other	B* - Printi F* - Equipn J - Penalti	ient	C* - Fundraising G - Political Party K* - Office Expense	H* - I		ndidate ic Office Expenses egal Expense Fund
	detailed explanation	on in required ren	arks field (k)	CHARLES CO.		
CDO 1310	The same of the sa	370.0				Day 1 2000

## Aggregated Non-Media Expenditures

Amendment
Page 1 of 2 Yes ▼ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. (	Committee Full Name (and Fund if applicable)  2. ID Number							
CC	MMITTE	EE TO ELECT JOH	IN ROOKS					
2 1	Dames Inf	ormation					Vision III and III	
_	mend		c. Form of Payment	d Dumara Cada	a Data (mm/dd/m			D . 1D 1
-	Add	***************************************	***************************************	······	e. Date (mm/od/y)	yyy) f. Am	ount	g. Required Remarks
	Remove	CC	Draft	0	05/10/2017	S	50.00	FEEDBACK SESSION
H	Add Remove	CC	Debit Card	K	06/12/2017	s	20.00	CAMPAIGN SOFTWARE
	Add	CC	Electric Funds Tran	· IN PER	SON/06/2017	s	29.00	CAMPAIGN WEBSITE
	Remove Add	CC	Electric Funds Tran	o JUL 28	2017 02/06/2017	s	29.00	CAMPAIGN WEBSITE
님	Remove Add	CC	Electric Funds Tran	O DUDHAM	BOE 03/06/2017			CAMPAIGN WEBSITE
	Remove Add		Electric Funds Tran	DORTAN	BUE 03/06/2017	S	29.00	
	Remove	CC	Electric Funds Tran	0	04/06/2017	S	29.00	CAMPAIGN WEBSITE
	Add Remove	CC	Electric Funds Tran	0	05/08/2017	\$	29.00	CAMPAIGN WEBSITE
	Add Remove	— CC	Electric Funds Tran	0	06/06/2017	s	29.00	CAMPAIGN WEBSITE
	Add Remove	CC	Debit Card	СО	05/23/2017	s	12.21	FOOD
	Add	CC	Debit Card	0	05/03/2017	s	36.11	TSHIRT DESIGN
	Remove Add	CC	Debit Card	0	05/08/2017	s	18.37	FLYER DESIGN
믐	Remove Add	CC	Debit Card	0	05/09/2017		15.65	BANNER DESIGN
	Remove Add	CC	Debit Card	0		\$		BANNER DESIGN
	Remove Add	***************************************			05/12/2017	\$	41.22	
	Remove	CC	Debit Card	В	05/19/2017	\$	44.82	BANNERS
	Add Remove	CC	Debit Card	В	06/23/2017	S	48.99	CAMPAIGN BUS CARDS
	Add Remove	CC	Debit Card	со	05/22/2017	s	43.65	FOOD
	Add Remove	ST	Draft	О	06/30/2017	s	33.81	WEBSITE TRANSACTION FEES
	Add Remove	CC	Debit Card	K	06/08/2017	s	38.00	РО ВОХ
	Add Remove	CC	Draft	0	01/31/2017	s	14.00	BANK FEE
	Add Remove	CC	Draft	0	02/28/2017	s	14.00	BANK FEE
4.		nly this Page				S		604.83
_		f ALL CRO-1	315 Pages	All Date Line		1000		//5.00
			f Detailed Summary Pa	ige CRO-1100)		S		667.83
6.	Purpos	e Codes (List o	detailed expenditu	re code in (d) a	bove)			
18		B*	- Printing	C* - Fundr		D - To An	other Car	ndidate
E	- Salar	ies F*	- Equipment	G - Political	Party	H* - Hold	ling Publ	ic Office Expenses
	- Posta		Penalties	K* - Office	and the same of th			Legal Expense Fund
(	)* - Ot	her	A STATE OF S			•		
ż	Codes	require detai	led explanation i	n required ren	narks field (g)			

4	NT N.F. 11	T
Aggregated	Non-Media	Expenditures

Page 2 of 2 Amendment Yes X No

Optional	form use	d to report	NC N	on-Media	Expenditures	of \$50	or less.
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	ee Full Name (and EE TO ELECT JOH	d Fund if applicable) IN ROOKS				2. ID 1	Number	
. Pavee Inf							31.189.3	
. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd	/уууу)	f. Amo	unt	g. Required Remarks
Add Remove	CC	Draft	0	03/31/201	17	S	14.00	BANK FEE
Add Remove	CC	Draft	0	04/07/201	17	s	35.00	BANK FEE
Add Remove	CC	Draft	0	04/28/201	7	s	14.00	BANK FEE
. Total o	nly this Page		THE REAL PROPERTY.		No. of Parties	S		63.0
	f ALL CRO-1 nust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)			s		667.8
. Purpos		detailed expenditu	re code in (d) a	bove)	18.35	19-19-2	Service of the	
		- Printing	C* - Fundr	aising	D - '	To Ano	ther Car	ndidate
E - Salan		- Equipment	G - Political	Party	H* -	Holdi	ing Publ	ic Office Expenses
I - Posta		Penalties	K* - Office	Expenses				Legal Expense Fund
O* - Otl								

CRO-1315

NC State Board of Elections

December 2009

IN PERSON

JUL 2 8 2017

DURHAM BOE